



CITY OF ROUND ROCK

NEW Employee Personal Information Sheet

Current Employees: Please complete **ONLY** what has changed, For Name/Address changes there are additional forms to complete. **New Hires:** Please complete the **ENTIRE** document.

A: PLEASE PRINT THE INFORMATION REQUESTED BELOW TO HELP UPDATE RECORDS.

EMPLOYEE INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____
PLEASE PRINT or TYPE

ADDRESS: _____
NUMBER & STREET / PO BOX NUMBER CITY STATE ZIP

DRIVERS LICENSE: _____
DL# DL State DL Exp Date:

EMAIL ADDRESS: _____

HOME NUMBER: _____ CELL: _____ ALT PHONE _____

B: EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____
PLEASE PRINT or TYPE (Mother, Father, Sister, Brother, Friend, Daughter, Son, Other)

ADDRESS: _____
NUMBER & STREET / PO BOX NUMBER CITY STATE ZIP

HOME NUMBER: _____ CELL: _____ ALT PHONE _____

C: OPEN RECORDS SEC. 552.024 TEX GOV'T CODE PUBLIC INFORMATION ACT EACH EMPLOYEE OR OFFICIAL OF A GOVERNMENTAL BODY SHALL CHOOSE WHETHER TO ALLOW PUBLIC ACCESS TO THE INFORMATION IN EMPLOYER CUSTODY WHICH RELATES TO HOME ADDRESS, HOME TELEPHONE NUMBER, OR SOCIAL SECURITY NUMBER, OR THAT REVEALS WHETHER THE PERSON HAS FAMILY MEMBERS.

PLEASE CHECK ONE

- ☐ DO NOT allow public access to ANY of the personal information as listed above
- ☐ Allow public access to ALL of the personal information as listed above
- ☐ Allow public access to ONLY
- | | |
|---|--|
| <input type="checkbox"/> Social Security No. & Family Members | <input type="checkbox"/> Social Security Number only |
| <input type="checkbox"/> Address / Phone No. & Family Members | <input type="checkbox"/> Address / Phone Number only |
| <input type="checkbox"/> Family Members only | <input type="checkbox"/> Address / Phone & Social Security No. |

D: INFORMATION IS NECESSARY FOR REPORTING TO "FEDERAL" AND "EEO" AGENCIES.

SEX: ☐ MALE ☐ FEMALE

MARITAL STATUS: ☐ MARRIED ☐ SINGLE

ETHNIC ORIGIN: ☐ WHITE ☐ BLACK ☐ HISPANIC

DATE OF BIRTH: _____
Month Date Year

VETERAN STATUS: ARE YOU A VETERAN ? ☐ YES ☐ NO

☐ AMERICAN INDIAN / ALASKAN ☐ OTHER

☐ ACTIVE (Member of National Guard / Military Reserves)

DO YOU HAVE A DISABILITY? ☐ YES ☐ NO

Disability" is described as:

- 1: having a physical or mental impairment which substantially limits a major life function
- 2: having previous record of such an impairment
- 3: being regarded as having such an impairment

EMPLOYEE SIGNATURE: _____ DATE: _____



City of Round Rock

Direct Deposit Authorization Agreement

I authorize and request the City of Round Rock to deposit my payroll check to the financial institutions named below. If at any time there is an error with the direct deposit, the City of Round Rock is authorized to credit or debit my account with the appropriate amounts to equal my earnings for such period.

Note: Any changes will be effective at the start of a new pay period. However, if your bank account has been compromised, we will discontinue your direct deposit upon notice. Please contact HRD for further assistance.

Section I – New Account			
Bank Name		Amount	Type of Account
1	Bank Name:	\$ or % (circle one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing No:		
	Account No:		
2	Bank Name:	\$ or % (circle one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing No:		
	Account No:		
3	Bank Name:	\$ or % (circle one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing No:		
	Account No:		

Section II – Terminate Existing Account		
Bank Name	Account Number	Type of Account
1		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
2		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Section III – Change Amount of Existing Account			
Bank Name	Account Number	New Amount	Type of Account
1		\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
2		\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Print Employee Name

Employee Number

Employee Signature

Date Signed

Effective Payroll Date

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____
	For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	



CITY OF ROUND ROCK

Human Resources Policies and Procedures Acknowledgement

I acknowledge that I have received an electronic link to the City of Round Rock Human Resources Policies and Procedures Manual (the “Manual”). I acknowledge that I have been given proper instructions necessary to locate the Manual so that I may review and read it in its entirety. Furthermore, I acknowledge that the policies and procedures in the Manual are applicable to me regardless of whether or not I have read them in their entirety.

My signature also acknowledges I understand that:

- If there is any policy or provision in the Manual that I do not understand, I will seek clarification from my supervisor or the Human Resources Department.
- The City is an “at will” employer and as such employment with the City is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice.
- No supervisor or any representative of the City has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.
- Nothing contained in the Manual may be construed as creating a promise of future benefits or a binding contract with the City for benefits or for any other purpose.
- These policies and procedures contained in the Manual are continually evaluated and may be amended, modified, or terminated at any time.

Print your name

Employee Signature

Date

To print or view the Policies and Procedure Manual, go to

http://employees.roundrocktexas.gov/wp-content/uploads/2014/06/corr_policy_manual.pdf

Employee Acknowledgment of the Alliance Direct Contracting Program

Below is information that tells me how to obtain health care under my employer's workers' compensation coverage. If I am hurt on the job, I understand that:

1. I must choose a "primary care physician" from the Alliance list of doctors which will serve as my "treating doctor."
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may seek emergency treatment.
3. I may have to pay the bill if I receive health care from a doctor other than an Alliance doctor without approval from the Texas Municipal League Risk Pool adjuster.

Signature

____/____/____
Date

Printed Name

My address is:_____

Name of employer:_____

Name of Direct Contracting Program: Political Subdivision Workers; Compensation Alliance (the Alliance).

Direct Contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA website at www.pswca.org or contact your adjuster.